

INDIAN HEALTH CENTER OF SANTA CLARA VALLEY

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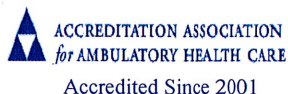
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Statement of Sonya Tetnowski, CEO of Indian Health Center of Santa Clara Valley

**Submitted to the U.S. House of Representatives – Committee on Appropriations
Subcommittee on Interior and Related Agencies
Department of Interior – Indian Health Service
May 2017**

Good morning, Chairman Calvert, Ranking Member McCollum, and Subcommittee Members. My name is Sonya Tetnowski, and I am the Chief Executive Officer of the Indian Health Center of Santa Clara Valley, an Urban Indian Health Program (UIHP) in San Jose, California. I am also an enrolled member of the Makah Tribe. I would first like to thank the Subcommittee for holding these tribal witness days hearings, especially in light of your very limited hearing time this year.

In addition to our IHS contract, Indian Health Center is a 330 Federally Qualified Health Center, and we are certified by the Accreditation Association for Ambulatory Health Care and by the National Committee for Quality Assurance (NCQA) as a recognized Patient Center Medical Home (PCMH). We provide medical, dental, mental health, traditional and community wellness services to our more than 22,000 clients throughout Santa Clara County, where more than 26,000 American Indian and Alaska Natives (AI/ANs) reside. Of those Clients, 89% are served by Medicaid and of that 43% of those are under the age of 18. Of all the patients served by the Indian Health Center of Santa Clara Valley, 73% fall with the Poverty line threshold. If 100% FMAP eligibility was expanded to include UIHPs, all IHS eligible AI/ANs would be able access the federal trust responsibility throughout the I/T/U system of care, making the I/T/U system of care whole.

Medicaid has given us an opportunity to serve our urban AI/AN community, but our capacity and infrastructure are in dire need of investment to accommodate the needs. In order to create and maintain a culturally relevant continuity of care, we should be able to house specialty care and accommodate any types of referrals to and from tribes. We have been able to leverage our current resources to continue the work that we have accomplished with a measured return on investment, an example being. In 2015, 51.6% of IHCSCV diabetic AI/AN patients had good glycemic control ($A1C < 8.0$), compared to overall Urban sites averaged 46.3% in 2015. In 2016, when the Diabetes Prevention Program was in place, IHCSCV AI/AN patients had good glycemic control which improved to 76.3%, where overall Urban sites averaged 46.7% in 2016. In 2017, so far, IHCSCV AI/AN patients with good glycemic control has decreased to 60%, with the loss of the DPP program. I bring this up as every change in funding, reduction in programs or change in the funding methodology has a direct impact on patient care.

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I would like to extend our appreciation for the UIHP Assessment, which increases understanding of our community's needs. We seek the committee's consideration of follow-up measures to this Assessment, including a funding formulary and clear spending protocols to promote transparency and accountability, measurable technical assistance so that UIHPs can maximize billing potential, leverage resources and continue to manage and monitor progress of all patients served.

We are grateful for your dedication to the health and wellness of our AI/AN communities with your \$232 million increase to the IHS budget. We are particularly grateful for your mark of \$48.2 million for Urban Indian Health Programs, which was ultimately compromised as a \$2.9 million increase for Urban Indian health. Your support helps our AI/AN community receive the culturally responsive health care that is our treaty rights in the form of the federal trust responsibility, wherever they choose to live, rather than where they were once put.

Given the robust programs we have been able to develop as a 330, we could not continue to operate with only IHS funds, and given a potential fiscal cliff in the future, but I would like to voice my support for legislation like H.R. 292, reintroduced by Congressmen Young and Ruiz, which would exempt programs serving AI/AN from sequestration. Decades of unfulfilled federal obligations has devastated tribal communities who continue to face persistent shortfalls and over-whelming unmet needs. Federal support remains critical to ensure the delivery of essential health care services both on and off the reservation land. As this committee is aware, "relocation" played significant role in the health and wellbeing of the 723,225 AI/AN in California with a large number of them being or descendants of those who were impacted by the Indian Relocation Act of 1956, AKA Public Law 959. The impacts of this are still far reaching, as San Jose was an assigned location center and just in the IHC facilities alone we have identified 114 different tribes served. Urban Indians not only share the same health problems as the general Indian population, their health problems are exacerbated in terms of mental and physical hardships because of the lack of family and traditional cultural environments. In many cases, like mine, the Urban Indian Health program is the only American Indian program in the county. We have recognized that for the Urban Indian youth are at greater risk of serious mental health and substance abuse problems, suicide, increased gang activity, teen pregnancy, abuse and neglect. The Indian Health Center of Santa Clara Valley has worked diligently to address these ever growing needs, but we need steady support and continued funding to plan for the seventh generation. We are developing a youth-guided, family-driven approach to mental health and wellness services. Without the voice of the youth and the families during the planning process, we are no able to provide services that will be impactful to our community. By including the community in planning their services they have identified additional traditional/cultural series, workforce development training, Veterans' support and other services that will bring support and healing to the community. We believe healthy individuals make up healthy communities, and it is our responsibility to find ways to bring that support to the community. Culturally Competent Care depends on us!

I would also like to voice my support for Senator Cole's Indian Health Care Improvement Act bill, H.R. 1369, which confirms the federal government's duty to all AI/AN people, making permanent the Urban Indian Health Program and recognizing that AI/ANs need to be served where they reside.


We ask that while you are considering appropriations for FY 2018, consider an increase for the I/T/U system of care, ("I – Indian Health Service, T- Tribal health providers (Tribal 638), and U- Urban Indian Health Providers) with a formulary that takes into account the entire AI/AN population and steps to create network capacity and infrastructure to meet our health needs wherever we are. As long as you don't do

this by divesting tribal monies, but by increasing the abilities of the tribes and Indian Health Care Providers to reach the AI/AN community where they are, rather than forcing them into already taxed systems who also do not have enough to serve the people they already have in the system. So, your support will help make the federal trust responsibility whole and move us closer toward a seamless I/T/U system of care where IHS eligible AI/ANs can access primary care, behavioral health, and specialty care networks within the four walls or beyond through 1115 and 1915(b) waivers. The "U" in the I/T/U system of care needs your support to ensure that the system remains strong and the investment in the system can withstand any scrutiny.

As the Chair of the California Consortium of Urban Indian Health, representing 10 UIHO's in California providing health services to diverse AI/AN communities, serving over 78,000 AI/AN patients, we ask that you increase the Title V Urban Indian Line Item so that we can support our patients and continue the continuity of care we have already established with our patients and reach those who have not yet had that opportunity to get support from our respective programs.

Together, we can stabilize the I/T/U system of care by increasing the funding, including "Urban's) in legislation, and help us to help you meet the requirements Public Law 94-437, Title V, by providing Culturally Competent Care to every American Indian and Alaska Native.

Respectfully,



Sonya M. Tetnowski
Chief Executive Officer
Indian Health Center of Santa Clara Valley